

FILED FEB 11 1942

Registration District No. 377

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1533 E. 11th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. About 19 yrs. (Specify whether years, months or days)

2. (a) PRINT FULL NAME

Susan Hilliard

3. (b) If veteran, name war

3. (c) Social Security No. no.

4. Sex Fe 5. Color or race Col

6. (a) Single, widowed, married, 2 divorced Wid.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased Dec 15 1869
(Month) (Day) (Year)

alive years
(Day) (Year)

8. AGE:

Years 72 Months 1 Days 3

If less than one day
hr. min.

9. Birthplace

(City, town, or county) 1 Ala
(State or foreign country)

10. Usual occupation

Housework

11. Industry or business

12. Name Avery

13. Birthplace 1 Ala
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Ala
(City, town, or county) (State or foreign country)

16. (a) Informant Johnnie Hilliard

(b) Address 1533 E. 11th

17. (a) Burial (b) Date thereof 1 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Bros.

(b) Address 1200 E. 12th

19. (a) 1/20/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town K.C. (If outside city or town limits, write "RURAL")
(d) Street No. 1533 E. 11th (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th
year 1942 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan 14 to Jan 17
that I last saw him alive on Jan 17 and that death occurred on the date and hour stated above.

Immediate cause of death Dysentery

Due to Arterio Sclerosis

Due to 935

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No Op

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence -
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)
Address 209 E. 10th Date signed Jan 20th 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edw. G. Edwards

Licensed Embalmer No..... *3836*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.